

**North Carolina Department of Health and Human Services  
Division of Mental Health, Developmental Disabilities  
and Substance Abuse Services**

# **LME Complaint Reporting**

## **Guidelines for the Customer Service Form and the Quarterly Complaint Report**

August 2007



## Table Of Contents

Form ACS01 General Instructions.....	3
Purpose.....	3
Who May Use This Form .....	3
What To Report And Where To Report It.....	3
How To Complete .....	3
Form ACS01 Specific Instructions.....	4
Person Reporting Customer Service Issue.....	4
If Customer Service Issue Involves A Client.....	4
How The Customer Service Issue Was Received.....	4
If Referred To The LME, Indicate Referral Source And Specify Which LME Or Office .....	4
Type Of Case.....	4
Nature Of Primary Customer Service Issue.....	5
Customer Service Issue Notes.....	6
If Customer Service Issue Is About A Provider Or Agency.....	6
Action Taken By LME .....	6
Summary Of Issue(s), Investigations And Actions Taken.....	6
Final Disposition/Resolution.....	6 & 7
LME Quarterly Complaint Reporting Form.....	8
Purpose.....	8
When To Report .....	8
When Information On Complaints Is Due.....	8
What To Report And Where To Report It.....	8 & 9
Glossary.....	10
Applicable Administrative Rules.....	11 & 12
Type of Service.....	13

## CUSTOMER SERVICE FORM (FORM ACS01) General Instructions:

### Purpose

The purpose of the **Customer Service Form** (DMH/DD/SAS Form ACS01) is to assist in documenting concerns, complaints, compliments, investigations and requests for information involving any person requesting or receiving publicly-funded mental health, developmental disabilities, and/or substance abuse (mh/dd/sa) services from a local management entity (LME), or a MH/DD/SA service provider. Quarterly reporting of complaints submitted to the LME is required by 10A NCAC 27G .0609 and must be submitted on Form ACS02. The Customer Service Form (ACS01) is an option for LMEs to use to document customer service issues such as concerns, complaints, compliments, investigations and requests for information.

### Who May Use The Form

The Customer Service Form (ACS01) was developed in order to document the concerns, complaints, compliments and requests for information received by each LME Customer Service Office. This form is applicable to both 122C licensed and non-licensed service providers. Regardless of the form used to collect the information, data collected from these forms must be compiled, analyzed and submitted to DMH/DD/SAS on a quarterly basis. This form is a standardized form designed to assist LMEs in documenting customer service issues such as concerns, complaints, compliments, investigations and requests for information in order to track and analyze information and for the required quarterly reporting of complaints as required by 10A NCAC 27G .0609. **Aggregate data should be shared with CFACs, LMEs Governing Boards and Client Rights Committees.**

### What To Report And Where To Report It

Document any concern, complaint, compliment, investigation and request for information involving any person requesting or receiving publicly-funded mental health, developmental disabilities, and/or substance abuse (mh/dd/sa) services, local management entity (LME) or MH/DD/SA service provider. Information may be documented on this form (electronically or in writing) and recorded in your agency's database or spreadsheet for analysis.

### How To Complete

- Electronically: The form is a Word document that can be completed on your computer. *Before filling out the form*, save the document with another name in order to protect your master copy of the form.
- Manually: Print the blank form and type or write in the answers, making sure your answers are legible.
- The form is available at: <http://www.dhhs.state.nc.us/mhddsas/manuals/index.htm#Forms>.

## **CUSTOMER SERVICE FORM (FORM ACS01) Specific Instructions:**

The staff person who receives the complaint should complete this form upon receiving the complaint.

### **Person Reporting Customer Service Issue**

- Record the tracking number and date received.
- Provide the name, address, phone numbers (home, mobile and work as applicable) and the category of the person reporting the customer service issue.
- If a family member is also the guardian, please check “guardian” only. If family member is not guardian, check “family member.”

### **If Customer Service Issue Involves A Consumer**

Provide all information requested if the customer service issue involves a consumer. Please note the following:

- List the “age” as adult (18 years and above) or child (birth to 17). Actual date of birth will be recorded in DOB area. If you are unable to obtain the age of the consumer, please list “unknown.” If the customer service issue does not relate to a specific consumer, please list “not applicable.” If complaint/concern is by or on behalf of a consumer, the age of consumer should be collected.
- Disability- please check each of the mh/dd/sa diagnosis categories as applicable. The purpose of this information is to aid the Customer Service staff in determining the appropriate response needed. If you are unable to obtain the diagnosis of the consumer, please check “unknown.” If the customer service issue does not relate to a specific disability, please check “not applicable.” If the complaint/concern is by or on behalf of a consumer, the type of disability should be collected.
- If the consumer is not his or her own guardian, request information about the guardian or legally responsible person. Please write “own guardian” under parent/guardian if the consumer is his/her own guardian and “N/A” if the consumer is a minor.
- The type of funding source is collected to aid the Customer Service staff in determining the appropriate response needed.

### **How The Customer Service Issue Was Received**

Check the method by which the Customer Service staff originally received this information.

### **If Referred To The LME, Indicate Referral Source And Specify Which LME Or Office**

If the LME Customer Service Office staff received information from an LME or other agency, please specify the type of agency.

### **Type Of Case**

Please check the type of case received. If the case was not received as an investigation but later becomes an investigation, please remove the original case type and check “investigation.” **A complaint/concern** is any expression of concern, oral or in writing, that the complainant perceives as a problem. **A compliment** is any information indicating respect, admiration, or recognition of a person, service, agency, etc. **An information/referral** is any request for information or referral to a requested or appropriate agency. **An investigation** is the process of conducting a formal inquiry into allegations regarding funding, billing, service quality, rights protection, LME responsibilities etc. as defined by policies, rules and State and Federal laws governing mh/dd/sa services. Please record any cases in which a complaint is received by the Customer Service office, including complaints made regarding a current or closed investigation or a complaint regarding an incident.

## Nature Of Primary Customer Service Issue

Please check the type of issue addressed in the “primary nature of concern” field. Customer service concerns may have many issues, but only the primary issue needs to be checked.

## Table for Reporting Complaints/Concerns

<b>Reporting Category</b>	<b>Definition</b>
Abuse, Neglect and Exploitation	Any allegation regarding the abuse, neglect and/or exploitation of a child or adult as defined in APSM 95-2 (Client Rights Rules in Community Mental Health).
Access to Services	Access to Services is any complaint where an individual is reporting that he/she has not been able to obtain services.
Administrative Issues	Any concerns regarding administrative issues such as compliance with rules, paperwork, facility-related (not incident or safety concern), etc.
Authorization/ Payment/Billing	Any complaint regarding the Utilization Review and/or payment/financial arrangement, insurance and/or billing practices or process including the service plan submission, utilization management decision and/or authorizations of services.
Basic Needs	Any assistance to a consumer regarding food, shelter, medication, etc.
Client Rights	Any allegation regarding the violation of the rights of any consumer of mental health/developmental disabilities/ substance abuse services. Clients Rights include the rights and privileges as defined in General Statutes 122C and APSM 95-2 (Client Rights Rules in Community Mental Health).
Confidentiality/HIPAA	Any breach of a consumer’s confidentiality and/or HIPAA regulations.
LME Services	Any complaint regarding the following LME functions: General Administration and Governance, Business Management and Accounting, Information Management Analysis and Support, Access Line, Screening, Triage and Referral, Service Management, Consumer Affairs and Customer Service and Quality Improvement and Outcomes evaluation (as defined in State Plan).
Medication	Any complaint regarding the administration or prescribing of medication including the wrong time, side effects, overmedication, refills, etc.
Provider Choice	Any complaint that a consumer or legally responsible person was not given information regarding available service providers.
Quality of Care	Any complaint related to a consumer regarding the following: <ul style="list-style-type: none"> <li>• inappropriate and/or inadequate provision of services,</li> <li>• inappropriate or inadequate actions of another person in addressing an issue related to mh/dd/sa services,</li> <li>• an incident or safety concern during the provision of services or at a service site.</li> <li>• the action or behavior of a specific service provider staff or agency,</li> <li>• services, treatment planning process, service plan (Person-Centered Plan) <b>and/or</b></li> <li>• services not meeting the needs of the consumer(s).</li> </ul>
Service Coordination Between Providers	Any complaint from one provider against another provider regarding the following: <ul style="list-style-type: none"> <li>• involvement in treatment and/or service planning (Person-Centered Plan) <b>and/or</b></li> <li>• transfer of information needed for service provision, coordination and/or discharge.</li> </ul>
Other	Any complaint that does not fit the above areas.

## Customer Service Issue Notes

Please document information and dates provided by the person reporting the concern, complaint, compliment, investigation or information request.

## If Customer Service Issue Is About A Provider Or Agency

If the concern, complaint, compliment, investigation or information request involves a provider or agency, please provide the requested information. **A LME is considered a provider if the LME is providing the service that is the subject of the customer service issue. Please specify the type of service which the consumer is receiving that is the subject of the issue.**

## Action Taken By LME

Please check the action completed by LME for a resolution of the issue.

- If an investigation is completed by LME staff, please complete all sections of the “Conducted Investigation” field.
- **If the complaint regarding an investigation was substantiated by one or more of the agencies (LME, DSS, DHR, DMH/DD/SAS or any other licensing agency), please mark the complaint allegation as “substantiated.” If only some of several allegations were substantiated by one of more of the agencies, check “partially substantiated.” If none of the agencies substantiated the allegations, check “unsubstantiated.”**
- If information was referred to the local Department of Social Services, Division of Facility Services and/or Division of Mental Health/Developmental Disabilities/Substance Abuse Services, please complete all sections of the “Referred To” field.

## Summary Of Issue(s), Investigations And Actions Taken

Please record the steps taken toward resolution of the issue. Please include dates of the actions.

## Final Disposition/Resolution

Please include a statement and date about the final action/resolution of the issue. Please also check whether the issue was resolved/completed, partially resolved or unresolved. **Information requests** are resolved/completed when the requested information is provided or when you have properly referred the person to another resource. **A complaint/concern** is considered resolved/completed when the consumer/citizen accepts the outcome, withdraws his/her concern/complaint or when no further action can be taken to assist the consumer. Please follow timeframes in the Policy for Consumer Complaints to an Area/County Program (DMH/DD/SAS Communication Bulletin #38). **Examples of when no further action can be taken include** legal actions that require an attorney, restrictions of rules and laws, issues that are not within the scope of responsibility of the LME, person has exhausted all available steps in the complaint process, etc. In these cases, information and/or referral source is provided to consumer/citizen in addition to the reason that Customer Service staff can take no further action. **Investigations are resolved/completed** when investigations from all agencies (such as DSS, DHR, etc.) have been completed and a report from each agency has been received. Follow-up on corrective action reports is generally completed by the appropriate agency or the Quality Management Team at the LME.

Please check one of the following for the Outcome of Complaints that were NOT Investigated:

- **Information or technical assistance was provided to complainant** if LME staff provided general or service information only or assisted complainant by only helping in the development of a plan which would lead toward the resolution.
- **Worked with provider for Resolution** if LME staff communicated with provider about the issue and were involved in the resolution process.
- **Referred to Community Resource or Advocacy Group** if LME staff provided information about a specific community resource or advocacy group to assist the complainant.
- **Referred to External Licensing or State Agency** if LME staff provided information about a specific external licensing or State agency for resolution.
- **Referred to Another LME for resolution** if LME referred case to another LME for resolution.
- **Mediation between parties** if staff directly intervened between at least 2 parties for a resolution.

If the complainant was not satisfied with the initial resolution, he or she may request to **appeal the decision** according to Communication Bulletin #38. If the initial resolution was appealed, please check the level at which the appeal was resolved or appeal ended.

**Note:** Please also include the total number of calendar days and *working days* from receipt to completion, including days of investigation by other agencies. The number of days that DSS, DHSR or DMH/DD/SAS was involved is reported in the “Action Taken By LME” Section. Please also provide a listing (and dates) of those to whom written feedback regarding the final disposition was provided.

## LME QUARTERLY COMPLAINT REPORTING FORM (FORM ACS02)

### Purpose

The collection of data regarding complaints and the reporting of these complaints to DMH/DD/SAS is required by 10A NCAC 27G .0609. LMEs are required to report aggregate information on complaints using the LME Quarterly Complaint Reporting Form (Form ACS02). Compliments and requests for information, which are obtained on the Customer Service Form (Form ACS01) do not need to be reported on this report.

### When To Report

Since many complaints result in an investigation or provider monitoring, there is a 4 month delay in reporting in order to obtain the outcome/resolution information for each complaint. Follow the scheduled listed below:

### Information On Complaints Is Due (each year)

Quarter	Data Collection Period	Report Due to DMH/DD/SAS	Performance Contract Quarterly Report
1 <sup>st</sup> - July, August, September	July 1 to September 30	February 20	May
2 <sup>nd</sup> - October, November, and December	October 1 to December 31	May 20	August
3 <sup>rd</sup> - January, February and March	January 1 to March 31	August 20	November
4 <sup>th</sup> - April, May and June	April 1 to June 30	November 20	February

### What to Report and Where to Report It

Aggregate information on complaints is submitted to the DMH/DD/SAS Customer Service Office. For each type of complaint, report:

- (1) the total number of complaints received by the Customer Service Office,
- (2) the total number of persons (by category) who are reporting complaints,
- (3) the total number of the consumers by age group,
- (4) the total number of consumers by disability group (if applicable) involved in the complaint,
- (5) the primary nature of the complaints/concerns (by category),
- (6) a summary of data analyses to identify patterns, strategies developed to address problems and actions taken and
- (7) an evaluation of results of actions taken and recommendations for next steps.

The Customer Service Form and Quarterly Complaint Report templates are available at:  
<http://www.dhhs.state.nc.us/mhddsas/manuals/index.htm#Forms>.



**Direct Any Questions To:**

DMH/DD/SAS Customer Service and Community Rights Team  
Phone: (919) 715-3197 Fax: (919) 733-4962

or

**[dmh.advocacy@ncmail.net](mailto:dmh.advocacy@ncmail.net)**

## Glossary

- 1) **Complaints/Concerns** are any expression of concern orally or in writing that the complainant perceives as a problem.
- 2) **A compliment** is any information indicating respect, admiration, or recognition of a person, service, agency, etc.
- 3) **DHSR** means the Division of Health Services Regulation, formerly the Division of Facility Services (DFS) 701 Barbour Drive, Raleigh, N.C. 27603.
- 4) **Information/Referrals** are either direct requests for information or requests regarding an agency, group, person or service.
- 5) **Investigation** is the process of conducting a formal inquiry into complaints regarding funding, billing, service quality, rights protection, LME responsibilities etc. as defined by policies, rules and State and Federal laws governing mh/dd/sa services.
- 6) **LME** means Local Management Entity.
- 7) **Medicaid Appeals** refer to Medicaid recipients filing appeals to DMH/DD/SAS, in accordance with Federal Law Federal Law (42CFR 431. Sub-Part E) and DMH/DD/SAS policy.
- 8) **Policy for Consumer Complaints to an Area/County Program (DMH/DD/SAS Communication Bulletin #38)** refers to the policy distributed by DMH/DD/SAS regarding the receipt and processing of consumer complaints. This policy can be found on the DMH/DD/SAS website at the following address: <http://www.dhhs.state.nc.us/mhddsas/announce/commbulletins/commbulletin038-consumercomplaints-total.pdf>.
- 9) **Provider-** any licensed or unlicensed agency, facility or individual who provides mental health, developmental disabilities and/or substance abuse services to consumers and families.
- 10) **Provider Category** means the type of facility in which a client receives services or resides. The provider category determines the extent of monitoring that a provider receives and is determined as follows:
  - (a) Category A - facilities licensed pursuant to G.S. 122C, Article 2, except for hospitals; these include 24-hour residential facilities, day treatment and outpatient service;
  - (b) Category B – G.S. 122C, Article 2, community based providers not requiring State licensure,
  - (c) Category C - hospitals, state-operated facilities, nursing homes, adult care homes, family care homes, foster care homes or child care facilities and
  - (d) Category D - individuals providing only outpatient or day services who are licensed or certified to practice in the State of North Carolina.  
(10A NCAC 27G .0601)

## **Applicable Administrative Rules**

### **10A NCAC 27G .0606 AREA AUTHORITY REQUIREMENTS CONCERNING COMPLAINTS PERTAINING TO ALL PROVIDER CATEGORIES**

(a) The area authority or county program shall respond to complaints received concerning the provision of public services pertaining to all provider categories. The area authority or county program shall:

- (1) establish a written notification procedure to inform each client of the complaint process concerning the provision of public services. The procedure shall include the provision of written information explaining the client's right to contact the area authority or county program, the DMH/DD/SAS, DHSR and the Governor's Advocacy Council for Persons with Disabilities;
- (2) seek to resolve issues of concern through informal agreement between the client and the provider and document the attempts at resolution; and
- (3) develop and implement written policies for receiving, processing, referring, investigating and following up on complaints. The policies shall include:
  - (A) safeguards for protecting the identity of the complainant;
  - (B) safeguards for protecting the complainant and any staff person from harassment or retaliation;
  - (C) procedures to receive and track complaints;
  - (D) procedures to assist a client in initiating the complaint process;
  - (E) procedures for encouraging the complainant to communicate with the provider to allow for resolution of the issue;
  - (F) methods to be used in investigating a complaint;
  - (G) options to be considered in resolving a complaint, including corrective action and referral to the DMH/DD/SAS, DHSR, DSS or other agencies as required; and
  - (H) procedures governing appeals made by the provider;

(b) When the area authority or county program refers the complaint to the State or local government agency responsible for the regulation and oversight of the provider, the area authority or county program shall send a letter to the complainant informing them of the referral and the contact person at the agency where the referral was made.

(c) The area authority or county program shall contact the State or local government agency where the referral was made within 120 days of the date the area authority or county program received the complaint to determine the actions the State or local government agency has taken in response to the complaint. The area authority or county program shall ensure the State or local government agency's response is provided to the complainant and the client's home area authority or county program, if different.

*History Note: Authority G.S. 122C-112.1; 143B-139.1;  
Temporary Adoption Eff. July 1, 2003;  
Eff. July 1, 2004.*

### **10A NCAC 27G .0607 COMPLAINTS PERTAINING TO CATEGORY A OR CATEGORY B PROVIDERS EXCLUDING ICF/MR FACILITIES**

(a) The area authority or county program shall respond to complaints received concerning the provision of public services pertaining to Categories A and B providers within its catchment area, except ICF/MR facilities.

(b) The area authority or county program shall make contact with the provider when investigating a complaint. The area authority or county program shall state the purpose of the contact and inform the provider that the area authority or county program is in receipt of a complaint concerning the provider.

(c) The area authority or county program shall complete the complaint investigation within 30 days of the date of the receipt of the complaint.

(d) Upon completion of the complaint investigation, the area authority or county program shall submit a report of investigation findings to the complainant, the provider and the client's home area authority or county program, if different. The report shall be submitted within 10 working days of the date of completion of the investigation. The complaint investigation report shall include:

- (1) statements of the allegations or complaints lodged;

- (2) steps taken and information reviewed to reach conclusions about each allegation or complaint;
  - (3) conclusions reached regarding each allegation or complaint;
  - (4) citations of law and rule pertinent to each allegation or complaint; and
  - (5) required action regarding each allegation or complaint.
- (e) The provider shall submit a plan of correction to the area authority or county program for each issue requiring correction identified in the report. The plan of correction shall be submitted to the area authority or county program within 10 working days from the date the provider receives the complaint investigation report. The corrective actions shall not exceed 60 days from the date of the complaint investigation report.
- (f) The area authority or county program shall review and respond in writing to the provider's plan of correction with approval or a description of additional required information. The area authority or county program shall respond to the provider within 10 working days of receipt of the plan of correction.
- (g) The area authority or county program shall follow-up on issues requiring correction in the investigation report no later than 60 days from the date the plan of correction is approved.
- (h) The area authority or county program shall refer investigation of a complaint concerning a Category A provider to DHSR, or a Category B provider to DMH/DD/SAS when the area authority or county program is a party to the complaint.
- (i) The area authority or county program shall provide information regarding the disposition of the complaint to the complainant and the client's home area authority or county program, if different, as soon as the investigation is concluded.
- (j) The area authority or county program shall maintain copies of complaint investigation, resolution and follow-up reports for Category A and B providers for review by the Department of Health and Human Services.

*History Note:* Authority G.S. 122C-112.1; 143B-139.1;  
Temporary Adoption Eff. July 1, 2003;  
Eff. July 1, 2004.

#### **10A NCAC 27G .0609 AREA AUTHORITY OR COUNTY PROGRAM REPORTING REQUIREMENTS**

- (a) The area authority or county program shall review, not less than quarterly, level II and level III incidents, complaints concerning the provision of public services and local monitoring results as part of its quality improvement process as set forth in Rule .0201(a)(7) of this Subchapter.
- (b) The area authority or county program shall provide a report based on the review specified in Paragraph (a) of this Rule. The report shall be submitted to DMH/DD/SAS, the local Client Rights Committee and the Governor's Advocacy Council for Persons with Disabilities quarterly on a form provided by the Secretary via electronic means.

The report shall include the following:

- (1) summary numbers of the types of complaints, incidents and results of local monitoring;
- (2) trends identified through analyses of complaints, level II and level III incidents and local monitoring; and
- (3) use of the analyses for improvement of the service system and planning of future monitoring activities.

*History Note:* Authority G.S. 122C-112.1; 143B-139.1;  
Eff. July 1, 2004 .

## Type of Service

**(Used in Documenting Type of Service that is the subject of the Issue)**

<b>Service Type</b>
Adult Day Vocational Program
Ambulatory Detoxification
Assertive Community Treatment Team
Child and Adolescents Day Treatment
Clinical Intake
Community Support- Adult
Community Support- Child
Community Support Team
Community Alternatives Program (CAP)
Crisis Services
Developmental Therapies
Diagnostic Assessment
DD Casemanagement/ Targeted Casemanagement
Drop-In Center
Facility-Based Crisis Program
Intensive In-home Services
Mobile Crisis Management
Medically Supervised or ADATC Detoxification/Crisis Stabilization
Medication Administration
Multisystemic Therapy (MST)
Non-Hospital Medical Detoxification
Opioid Treatment
Outpatient Services
Partial Hospitalization
Psychosocial Rehabilitation
Psychological Evaluation
Psychiatric Services
Residential Services
Respite
Screening, Triage and Referral
Substance Abuse Intensive Outpatient Program
Substance Abuse Comprehensive Outpatient Treatment Program
Substance Abuse Non-Medical Community Residential Treatment
Substance Abuse Medically Monitored Community Residential Treatment
Substance Abuse Halfway House
Social Setting Detoxification
Supported Employment
Not Known
Not Service Related

